## 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L05000080626

Entity Name: WORDRITE, LTD. CO.

**FILED** Dec 22, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1535 BOULEVARD

JACKSONVILLE, FL 32206

**Current Mailing Address: New Mailing Address:** 

1535 BOULEVARD JACKSONVILLE, FL 32206

FEI Number: 42-1676051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHABAZZ, WYNDI 1535 BOULEVARD JACKSONVILLE, FL 32206

US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change ( ) Addition () Delete

SHABAZZ, WYNDI SHABAZZ, OMAR Name: Name: Address: 1535 BOULEVARD Address: 1535 BOULEVARD City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: JACKSONVILLE, FL 32206

Title: ( ) Delete Title: MGRM ( ) Change (X) Addition

Name: Name: BURKE, SUSAN Address: Address: 529 FIELDSTONE DR. City-St-Zip: City-St-Zip: MONROEVILLE, PA 15120

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SUSAN BURKE **MGRM** 12/22/2006